

James C. Collins
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September 2, 2010

U.S. Bankruptcy Court
230 U.S. Courthouse
10 Broad Street
Utica, NY 13501

FILED

SEP 03 2010

OFFICE OF THE BANKRUPTCY CLERK
UTICA, NY

RECEIVED

SEP 03 2010

OFFICE OF THE BANKRUPTCY CLERK
UTICA, NY

Attention: Darcy

Re: L.J.R. Meyers Enterprises, Inc.
Tax I.D. No. 16-1250314
Chapter 7 Case No. 04-68820
Dividend Amount: \$3.77

Dear Darcy:

I have enclosed a check number 10110 made payable to the Clerk, U.S. Bankruptcy Court in the amount of \$3.77 for Dividend to the creditor Commonwealth of PA Department of Labor & Industry, UC Tax Service, Harrisburg Bankruptcy & Comp, Harrisburg, PA 17101-2235, filed Proof of Claim No. 41-2.

I have also enclosed a copy of the Proof of Claim.

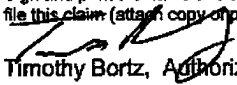
Very sincerely yours,

Jim Collins

JCC/jjc

Enc.

61000436

United States Bankruptcy Court		Northern District of New York Utica Division	PROOF OF CLAIM RECEIVED & FILED FEB 19 2008 OFFICE OF THE BANKRUPTCY CLERK UTICA, NY THIS SPACE IS FOR COURT USE ONLY
Name of Debtor(s) LJR Meyers Enterprises Inc		Case Number 04-68820-SDG	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or entity to whom the debtor owes money or property) Commonwealth of Pennsylvania - PA UC Fund		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Addresses Where Notices Should be Sent Timothy Bortz Commonwealth of Pennsylvania Department Of Labor and Industry Office of UC Tax Services Reading Bankruptcy & Compliance Unit 625 Cherry Street - Room 203 Reading, Pa 19602-1184 E-Mail: RA-LI-Beto-BankReading@state.pa.us			
Telephone No.: 610-378-4044			
Account or other number by which creditor identifies debtor: 72-60916 & 72-67262		Check here if this claim: <input checked="" type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim, dated: 3/19/07	
1. Basis for claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS # _____ - _____ - _____ Unpaid compensations for services performed From _____ (date) To _____ (date)	
2. Date debt was incurred: 10/1/2004-3/31/2007		3. If Court Judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 454.08 If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secure claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 454.08 Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300*), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan—U.S.C. 5 507(a)(4). <input type="checkbox"/> Up to \$1,950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. §§ 507(a) - _____. <small>* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
Date February 15, 2007	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  Timothy Bortz, Authorized Agent for the Commonwealth PA		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C., §§ 5152 and 3571.